

FILED SEP 17 1941

Registration District No. 791

Primary Registration District No. 1003

State File No.

Registrar's No. 7027

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2858 No Euclid Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME MARGARET LYONS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
7. Birth date of deceased 14-6-1873  
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace CAIRO ILL  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name LUKE BARRY  
13. Birthplace IRELAND  
(City, town, or county) (State or foreign country)  
14. Maiden name HANORA LAWLER  
15. Birthplace IRELAND  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS LORETTA WOOD  
(b) Address 5709 PAMPLIN

17. (a) BURIAL (b) Date thereof 19-1-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director SULLIVAN BROS

(b) Address 2858 No Euclid Ave

19. (a) 8/30/41 (b) J. W. Barry  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town ST. LOUIS 617  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2858 No Euclid Ave  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30  
year 1941 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from May 10  
1941 to Aug 30 1941  
that I last saw her alive on Aug 29 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Chronic Interstitial Nephritis  
(Include pregnancy within 3 months preceding death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
23. Signature John G. McSorrey M. D. or other \_\_\_\_\_  
Address 5014 Thekla Av. Date signed 8/30/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signature

*Albert Mayfield*

Licensed Embalmer No.

*3077*

P. O. Address

*St Louis Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**